

City of Farmersville 909 W/. Visalia Rd. Farmersville, CA 93223 (559) 747-0458 www.cityoffarmersville-ca.gov

Employment Application

Completely fill out application and sign it, print in ink or type. It is the applicant's responsibility to ensure that the application is on file in Human Resources on the final filing date. Late applications will be rejected.

		Applicant Informa	tion			
Position Ap	oplied for:					
Full Name:	First	Last		I	Date:	
Address:						
	Street Address				Apartment/U	Init #
	City			State	ZIP Code	
Phone:		Email				
		Education				
High Scho	ol:	Addres	ss:			
From: _	To:	Did you graduate or	r posse	ess a G.E.D. Certific	YES NO)]
College/ U	niversity:		_	Major:		
From: _	To:	YES Did you graduate?	NO	Degree:		
College/ U	niversity:			Major:		
From:	To:	YES Did you graduate?	NO	Degree:		
Please list for.		tes/licenses, skills, or special training	g that a	are related to the pos	sition which you are	e applying
		A delicion of the form	-1!			
		Additional Informa	ation			
2. H	as your Driver's License ev	ed of any violations of the law? (Excluder been suspended or revoked? Yes Farmersville employee? Yes \(\simega\) No] No		No 🗌	
4. A	re you now or have you eve an you, after employment, su	er been employed by the City of Farmonburk to work abmit verification of your rights to work	ersville] No []	
6. L	ist Languages you speak flue	ently other than English:				

Previous Employment

List most recent experience 1st; carefully account for all employment and / or job-related volunteer experience. List each job title even if employed by the same employer. Use additional sheets if necessary, using the same format below.

A resume may be attached but will not be substituted for the information required in this section. Your application will be rejected if you write "See Resume".

Employer:			Position Title:	
Description of Duties:				
			Phone Number:	
From:	To:	Reason	for Leaving:	
May we contact your previo	ous supervisor for a reference?	YES	NO	
Employer: Description of Duties:			Position Title:	
			Phone Number:	
From:	To:	Reason	for Leaving:	
May we contact your previo	ous supervisor for a reference?	YES	NO	
Employer:			Position Title:	
Address:		F	Phone Number:	
From:	To:	Reason	for Leaving:	
May we contact your previo	ous supervisor for a reference?	YES	NO	
Employer: Description of Duties:			Position Title:	
•		F	Phone Number:	
From:	To:			
May we contact your previo	ous supervisor for a reference?	YES	NO	
	Militar	y Service		
Branch:			From:	To:
Rank at Discharge:				
Are you currently in the Arr	YES med Forces?	NO		

References					
Please list ti	hree professional references.				
Full Name:	Relationship:				
Company:	Phone:				
Address:					
Full Name:	Relationship:				
Company:	Phone:				
Address:					
Full Name:	Relationship:				
Company:	Phone:				
Address:					
	Disclaimer and Signature				
I authorize in	fy that all answers and statements in this document are true and complete to the best of my knowledge and belief. vestigation of all statements contained on this application. I understand that any misrepresentation or omission of r is cause for rejection of my application, removal of my name on an eligibility list, and/or disciplinary action including				
Employment formal docum	otice Regarding Employment with the City of Farmersville does not occur until the Department Director and the City Manager sign and file a nent appointing the applicant to a job position following successful completion of all pre-employment procedures. uppointment is made in this manner, any offers of City employment are conditional and preliminary and may be				

Signature:

Date:____



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Supplemental Questionnaire

Supplemental Questionnaire	Date:				
The information requested below will be used for statistical purposes only. It will enable the human resources division to evalua city selection processes for compliance with federal and state equal employment opportunity laws. This information is requested on a voluntary basis and will not be retained as part of your application. If you have any questions regarding this request, pleas contact the human resources division. Your application will be processed whether you complete these questions. Thank you four assistance.					
Name:	Position Applied For:				
Please Check 1 of the Following: Male Female Other Prefer not to disclose					
 known as such, by virtue of tribal associations Asian (the category" Asian" includes Asian-Avietnamese descent) Black (Trinidadian and West Indian descents) Filipino (The category "Filipino" includes all Filipino (The category "Hispanic" includes Nouth American or Spanish Ancestry or ethnical 	ican" includes persons who identify themselves as an American Indian, or are s, including Alaskan Native) Americans and persons of Japanese, Chinese, Korean, Pacific Islanders and lilipino ancestry or ethnic origin) Mexican, Chicano, Latino, and all persons of Puerto Rican, Cuban, Central or c origin) sians, Anglo-Saxons, Europeans, and persons of Indo-European, North African				
Please indicate where you learned of The City's Website College Placement Service Friend or Relative Job Flyer Posted at Another Agency Newspaper Professional Journal or Publication State Employment Office Other	this job vacancy:				
Signatura	Dato				